

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40823

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS 110 E. Chestnut St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FORREST PRESTON BAILEY		4. DATE OF DEATH Dec 1, 1957 Month Day Year	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1940
9. AGE (In years last birthday) 17		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student & minister		10b. KIND OF BUSINESS OR INDUSTRY Christian Church	
11. BIRTHPLACE (City and state or country) Selmer, Tenn		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Forrest G. Bailey		14. MOTHER'S MAIDEN NAME Hazel Preston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address Carthage, Mo Rev. F.G. Bailey, 110 E. Chestnut			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) head injury (severe cerebral concussion & possible skull fracture & possible skull fracture DUE TO (b) auto accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 25 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) multiple compound fractures of lower extremities			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) head on collision of two cars		
20c. TIME OF INJURY 5 p. m. 11-30-57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71	20f. CITY, TOWN, OR LOCATION Carthage Jasper Mo	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 5:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Surgeon Hankin Sheriff		22b. ADDRESS Carthage Mo.	22c. DATE SIGNED 12-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-4-57	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) Carthage, Missouri (State)
24. FUNERAL DIRECTOR KNELL MORTUARY	ADDRESS 6a rthage, Mo	25. DATE RECD. BY LOCAL REG. 12-3-57	26. REGISTRAR'S SIGNATURE Ely Clinton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Health Service
S. 300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Jasper County Health Officer
County File Number 57-12-1020
1-1-1957
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.